



Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD_R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence Submission::	No
Computer Readable Form (CRF)?::	No
Title::	FLUID-ASSISTED MEDICAL DEVICES, SYSTEMS AND METHODS
Attorney Docket Number::	13045.41USW1
Request For Early Publication::	No
Request For Non-Publication::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	39
Small Entity::	No
Latin Name::	
Variety Denomination Name::	
Petition Included::	Yes
Petition Type::	Petition Under 37 C.F.R. 1.48(b)
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: United States
Status:: Full Capacity
Given Name:: Michael
Middle Name:: E.
Family Name:: MCCLURKEN
Name Suffix::
City of Residence:: Durham
State or Province of Residence:: NH
Country of Residence:: United States
Street of mailing address:: 26 Deer Meadow Road
City of mailing address:: Durham
State or Province of mailing address:: NH
Country of mailing address:: United States
Postal or Zip Code of mailing address:: 03824

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: United States
Status:: Full Capacity
Given Name:: Scott
Middle Name:: D.
Family Name:: O'BRIEN
Name Suffix::
City of Residence:: Sanford
State or Province of Residence:: ME
Country of Residence:: United States
Street of mailing address:: 20 Trafton Street

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City of mailing address:: Sanford
State or Province of mailing address:: ME
Country of mailing address:: United States
Postal or Zip Code of mailing address:: 04073

Correspondence Information

Correspondence Customer Number:: 23552

Representative Information

Representative Customer Number::	23552
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Domestic Priority Information

Application::	Continuation Type::	Parent Application::	Parent Filing Date::
This application	Continuation of	PCT/US03/09763	03/27/03
This application	Continuation of	10/486,807	02/13/04
This application	Continuation-in-part of	10/365,170	02/11/03
PCT/US03/09763	International application	60/453,093	03/06/03
PCT/US03/09763	International application	60/368,177	03/27/02

Assignee Information

Assignee Name:: TISSUELINK MEDICAL, INC.
Street of mailing address:: One Washington Center, Suite 400
City of mailing address:: Dover
State or Province of mailing address:: New Hampshire
Country of mailing address:: United States
Postal or Zip Code of mailing address:: 03820

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